

**COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE**

**DEMOGRAPHIC INFORMATION
MULTIPLE EMPLOYER WELFARE ARRANGEMENT ("MEWA")
YEAR BEGINNING JULY 1, 20__**

MEWA Identification Number (Assigned By Bureau)

Full and Exact Name of MEWA

MEWA CONTACT INFORMATION

MEWA Address: _____

MEWA Contact Telephone Number: _____
MEWA Contact Name: _____
Email Address: _____

THIRD PARTY ADMINISTRATOR (TPA) INFORMATION

TPA Name: _____
TPA Address: _____

TPA Contact Telephone Number: _____
TPA Contact Name: _____

REGULATORY CONTACT INFORMATION

Regulatory Address: _____

Regulatory Contact Telephone Number: _____
Regulatory Contact Name: _____

INSURANCE CONTACT INFORMATION

Insurer Name and NAIC Number: _____
Insurer Address: _____

Insurer Contact Telephone Number: _____
Insurer Contact Name: _____